			Application or Oocket Number									
PATENT APPLICATION FEE DETERMINATION RECORD  Effective October 1, 2000									09/963960			
CLAIMS AS FILED - PART I (Column 1) (Column 2)									NIIIA	OR	OTHER	
TOTAL CLAIMS			27				Ì	RATE	FEE	1	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FE	E 355.00	СЯ	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS			27 minus 20-		・ ナ			X\$ 9=	ŀ	CR	X\$18=	126
INDEPENDENT CLAIMS			minus 3 =		3			X40=	1	OR	X80=	240
MU	TIPLE DEPEN	DENT CLAIM PR	RESENT					+135=		OR	+270=	B
• # (	the difference	in column 1 ls l	less than zero, enter "O" in o			otumn 2		TOTAL	<del>                                     </del>	OR	TOTAL	1076
1_21-CLAIMS AS AMENDED - PART II										<b>,</b>	OTHER	
	- AU 04	(Column 1)		(Column 2) (Column 3			<b>L</b> .	<b>SMALL</b>	ENTITY	СЯ	SMALL	
AMENDMENT A		CLAME REMADKING AFTER AMENDMENT		PREVI	BER CUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 23	Minus	5	27	=	1	X\$ 9=	•	LeR	X\$18=	
	Independent	.5	Minus	•••	h	•	]	X40=	17	l <sub>or</sub>	X80=	
۷	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	CLAIM		]	+135=	<del>/</del>	•	270	
425-06								101/		OR	TOTAL	
· (Column 1) (Column 2) (Column 3)								ADDIT. FE	E	Jon	ADDIT, FEE	
		(Column 1)		HIG	SHEST		"		ADDI-	1	F	ADDI
MENDMENT B	<b>*</b> &	REMAINING AFTER AMENOMENT		PREV	MBER YOUSLY POR	PRESENT EXTRA		RATE	TIONAL FEE		RATE	TIONAL FEE
	Total	.24	Minus	·02	7	• /	]	X\$ 9=		OR	X\$18=	
3	Independent • Minus			() ()			4	X40=		OR	X80=	
L	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM									OR	+270=	
YOTAL ADOIT FEE									OR	ADDIT. FEE		
(Column 1) (Column 2) (Column 3)												
b		CLAIMS REMAINING		NU	HEST MBER	PRESENT	1		ADDI-	1		ADDI-
		AFTER AMENDMENT			O FOR	EXTRA	_	RATE	TIONAL		RATE	TIONAL
AMENDMENT C	Total	•	Minus	**		•		X\$ 9=		OR	X\$18=	,
	Independent	·	Minus	**		-	1	X40-		OR	X80=	
に	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+135e	<del>                                     </del>	OR	+270=	
• If the critiv is column 1 is less than the critiv is column 2, write 'V' in column 1.												<b>}</b>
	"If the "Righest Number Previously Paid For" IN THIS SPACE is tess than 20, enter "20."  ADOIT, FEEOR ADOIT, FEEOR THIS SPACE is less than 3, enter "3."  The "Righest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.											
	The "Highest Nor	mber Previously Pr	aid For (Total o	r Indeper	ident) is th	e highest numi	ber k	ound in the	ichudqiqin pi	x th a	ALMIN 1.	

Patient and Trademark Other, U.S. CEPARTMENT OF COMMERCE
"U.S. OPG: 2000-400-70000100